



Personal information you provide may be used for secondary purposes [Privacy Law s.15.04 (1)(m)].

GAS SYSTEM (LPG,CNG,LNG AND HYDROGEN) ACCIDENT REPORT

Building Name	Owners Name	Registration Tag No.
Street Address	Address	Regulated Object ID.
City, State, Zip	City, State, Zip	Manufacturer

Comm 40.19 Reporting of accidents. Whenever gas system equipment or system components fail and cause injury to any person, the owner or user shall report in writing the facts involved to the department within the following 24 hours. The owner or user may not remove or disturb gas system equipment or any of its parts nor permit any such removal or disturbance prior to receiving authorization from the department, except for the purpose of saving human life or preventing further property damage. This section applies to those gas systems that are required to obtain department plan approval under s. Comm 40.10.

Name of Injured: _____ Date of Injury: _____ Time of Injury: _____
Address: _____ City: _____ State: _____ Telephone: _____
Nature of Injury: _____

Did Accident Cause a Fatality: ☐ Yes ☐ No

Was Gas Storage(systems) or parts moved: ☐ Yes ☐ No

If Yes Reason: _____

Contractor / Inspector Notified: ☐ Yes ☐ No
If Yes Name(s) and Telephone Number(s) _____

Describe fully how accident occurred and state what injured was doing when the accident occurred, Include attachment if necessary: _____

Name(s) and Telephone Number(s) of Witness: _____

Name of Person Filing Report (Please Print Clearly)	Date of Last Inspection:
	Company or Firm
Signature of Person Filing Report	Date of this Report

This Report Must Be Filed With the Department of Commerce In Writing Within 24 Hrs of Accident

A Copy of This Report Should Be Forwarded to the Owner